

Hanford Employee Welfare Trust

Coverage Period: 01/01/2013-12/31/2013

Summary of Coverage: What This Plan Covers & What it Costs

Coverage for: Employee/Family

Plan Type: UHC PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.hanford.gov/hr or 509-376-6962,

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network – \$325 Individual/\$650 Family Non-Network – \$425 Individual/\$850 Family. Per calendar year. Does not apply to co-pays, pharmacy drugs, and services listed below as ‘No Charge’.	You must pay all the costs up to the deductible amount before this health insurance plan begins to pay for covered services you use. Check your policy to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	No, there are no other deductibles.	Because you don’t have to meet deductibles for specific services, this plan starts to cover costs sooner.
Is there an out-of-pocket limit on my expenses?	Network – \$1350 Individual/\$2700 Family Non-Network – \$3500 Individual/\$7000 Family	The out-of-pocket limit is the most you could pay during a calendar year for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premium, balanced-billed charges, health care this plan doesn’t cover, prescription drug copays, emergency copay, overall deductible, penalties for failure to obtain pre-notification for services.	Even though you pay these expenses, they don’t count toward the out-of-pocket limit. So, a longer list of expenses means you have less coverage.
Is there an overall annual limit on what the insurer pays?	No, this policy has no overall annual limit on the amount it will pay each year.	The chart starting on page 2 describes any limits on what the insurer will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes, this plan uses network providers. If you use a non-network provider your cost may be more. For a list of network providers, see www.myuhc.com or call the Member Services number listed on the back of your ID card.	If you use a network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your network doctor or hospital may use a non-network provider for some services. Plans use the term network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn’t cover?	Yes	Some of the services this plan doesn’t cover are listed on page 5.

Questions: Call 1-509-376-6962 or visit us at www.myuhc.com. If you aren’t clear about any of the terms used in this form, see the Glossary. You can view the Glossary at <http://ccio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> or call the number above to request a copy.

Hanford Employee Welfare Trust

Coverage Period: 01/01/2013-12/31/2013

Summary of Coverage: What This Plan Covers & What it Costs

Coverage for: Employee/Family

Plan Type: UHC PPO



- **Co-payments** (copays) are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** (co-ins) is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If a non-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if a non-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use network providers by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Your cost if you use an			Limitations & Exceptions
	Services You May Need	Network Provider	Non-network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% co-ins	40% co-ins	-----None-----
	Specialist visit	20% co-ins	40% co-ins	-----None-----
	Other practitioner office visit	20% co-ins for Manipulative (chiropractic) services	40% co-ins for Manipulative (chiropractic) services	20 visits per calendar year.
	Preventive care / screening / immunization	No Charge	40% co-ins	-----None-----
If you have a test	Diagnostic test (x-ray, blood work)	20% co-ins	40% co-ins	-----None-----
	Imaging (CT / PET scans, MRIs)	20% co-ins	40% co-ins	-----None-----

Questions: Call 1-509-376-6962 or visit us at www.myuhc.com. If you aren't clear about any of the terms used in this form, see the Glossary. You can view the Glossary at <http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> or call the number above to request a copy.

Hanford Employee Welfare Trust

Coverage Period: 01/01/2013-12/31/2013

Summary of Coverage: What This Plan Covers & What it Costs

Coverage for: Employee/Family

Plan Type: UHC PPO

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		Network Provider	Non-network Provider	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.express-scripts.com	Tier 1 – Your Lowest Cost - Generic	Retail: \$7 Copay Mail Order: \$14 Copay	You pay the full cost and submit for reimbursement	30 days Retail / 90 days Mail Order, ESI Preferred Formulary List
	Tier 2 – Your Midrange Cost Option – Preferred Brand Name	Retail: \$30 Copay Mail Order: \$60 Copay	You pay the full cost and submit for reimbursement	30 days Retail / 90 days Mail Order, ESI Preferred Formulary List
	Tier 3 – Your Highest Cost Option – Non-Preferred Brand Name	Retail: \$45 Copay Mail Order: \$90 Copay	You pay the full cost and submit for reimbursement	30 days Retail / 90 days Mail Order, ESI Preferred Formulary List
	Tier 4 – Specialty Pharmacy	Covered under above Tier option	Covered under above Tier option	Mail Order ONLY
If you have outpatient surgery	Facility fee (example, ambulatory surgery center)	20% co-ins	40% co-ins	-----None-----
	Physician / surgeon fees	20% co-ins	40% co-ins	-----None-----
If you need immediate medical attention	Emergency room services	\$110 copayment, and then 20% co-ins	\$110 copayment, and then 20% co-ins	-----None-----
	Emergency medical transportation	20% co-ins	20% co-ins	-----None-----
	Urgent care	20% co-ins	40% co-ins	-----None-----
If you have a hospital stay	Facility fee (example: hospital room)	20% co-ins	40% co-ins	Coinsurance reduction by 40% penalty for non-notification on Out-of-Network benefits.

Questions: Call 1-509-376-6962 or visit us at www.myuhc.com. If you aren't clear about any of the terms used in this form, see the Glossary. You can view the Glossary at <http://ccio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> or call the number above to request a copy.

Hanford Employee Welfare Trust

Coverage Period: 01/01/2013-12/31/2013

Summary of Coverage: What This Plan Covers & What it Costs

Coverage for: Employee/Family

Plan Type: UHC PPO

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		Network Provider	Non-network Provider	
	Physician / surgeon fees	20% co-ins	40% co-ins	-----None-----
If you have mental health, behavioral health, or substance abuse needs	Mental / Behavioral health outpatient services	20% co-ins	40% co-ins	Must call the Mental Health Administrator to receive benefits
	Mental / Behavioral health inpatient services	20% co-ins	40% co-ins	Must call the Mental Health Administrator to receive benefits
	Substance use disorder outpatient services	20% co-ins	40% co-ins	Must call the Substance Use Administrator to receive benefits
	Substance use disorder inpatient services	20% co-ins	40% co-ins	Must call the Substance Use Administrator to receive benefits
If you are pregnant	Prenatal and postnatal care	20% co-ins	40% co-ins	-----None-----
	Delivery and all inpatient services	20% co-ins	40% co-ins	-----None-----
If you need help recovering or have other special health needs	Home health care	20% co-ins	40% co-ins	Limited to 40 visits per calendar year. Requires preauthorization
	Rehabilitation services	20% co-ins	40% co-ins	Limited to 20 or 30 visits depending on type of service per condition per calendar year/outpatient. Limited to 60 days per condition per calendar year/inpatient. Limits combined in and out-of-network.
	Habilitation services	Not Covered	Not Covered	-----None-----
	Skilled nursing care	20% co-ins	40% co-ins	Limited to 60 days per calendar year combined in and out-of-network. Requires preauthorization.

Questions: Call 1-509-376-6962 or visit us at www.myuhc.com. If you aren't clear about any of the terms used in this form, see the Glossary. You can view the Glossary at <http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> or call the number above to request a copy.

Hanford Employee Welfare Trust

Coverage Period: 01/01/2013-12/31/2013

Summary of Coverage: What This Plan Covers & What it Costs

Coverage for: Employee/Family

Plan Type: UHC PPO

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		Network Provider	Non-network Provider	
	Durable medical equipment	20% co-ins	40% co-ins	Coinsurance reduction by 40% penalty for non-notification on Out-of-Network benefits. Preauthorization required when over \$1000.
	Hospice service	20% co-ins	40% co-ins	Coinsurance reduction by 40% penalty for non-notification on Out-of-Network benefits.
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	Eye exam only for non-refractive care due to illness or injury to eye. Refer to Vision benefit information.
	Glasses	Not Covered	Not Covered	Refer to Vision benefit information.
	Dental check-up	Not Covered	Not Covered	Refer to Dental benefit information.

Excluded Services & Other Covered Services

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)		
<ul style="list-style-type: none"> Cosmetic Surgery Dental Care 	<ul style="list-style-type: none"> Habilitative Services Long-term care 	<ul style="list-style-type: none"> Routine eye care (Adult) Weight Loss Programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> Acupuncture - may be covered with limitations Bariatric Surgery - may be covered with limitations Glasses – may be covered under Vision benefit plan 	<ul style="list-style-type: none"> Hearing aids - may be covered with limitations Infertility Treatment - may be covered with limitations Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> Private-duty nursing - may be covered with limitations Routine foot care - may be covered with limitations

Questions: Call 1-509-376-6962 or visit us at www.myuhc.com. If you aren't clear about any of the terms used in this form, see the Glossary. You can view the Glossary at <http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> or call the number above to request a copy.

Hanford Employee Welfare Trust

Coverage Period: 01/01/2013-12/31/2013

Summary of Coverage: What This Plan Covers & What it Costs

Coverage for: Employee/Family

Plan Type: UHC PPO

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-866-747-0048. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact 1-877-835-9855 or visit hbe.sandia.gov.

Additionally, a consumer assistance program can help you file your appeal. A list of states with Consumer Assistance Programs is available at www.dol.gov/ebsa/healthreform and <http://cciio.cms.gov/programs/consumer/capgrants/index.html>.

- Para obtener asistencia en español, llame al número de teléfono en su tarjeta de identificación.
- 若需要中文协助，请拨打您会员卡上的电话号码
- Dine k'ehji shich'i' hadoodzih ninizingo, bee neehozin biniye nanitinigii number bikaa'igii bich'i' hodiilnih
- Para sa tulong sa Tagalog, tawagan ang numero sa iyong ID card.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----

Questions: Call 1-509-376-6962 or visit us at www.myuhc.com. If you aren't clear about any of the terms used in this form, see the Glossary. You can view the Glossary at <http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> or call the number above to request a copy.

Hanford Employee Welfare Trust

Coverage Period: 01/01/2013-12/31/2013

Summary of Coverage: What This Plan Covers & What it Costs

Coverage for: Employee/Family

Plan Type: UHC PPO

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

Having a baby (normal delivery)	Managing type 2 diabetes (routine maintenance of a well-controlled condition)
<input type="checkbox"/> Amount owed to providers: \$7540 <input type="checkbox"/> Plan pays \$5585 <input type="checkbox"/> You pay \$1955	<input type="checkbox"/> Amount owed to providers: \$5400 <input type="checkbox"/> Plan pays \$3975 <input type="checkbox"/> You pay \$1425
Sample care costs: Hospital charges (mother) \$2700 Routine obstetric care \$2100 Hospital charges (baby) \$900 Anesthesia \$900 Laboratory tests \$500 Prescriptions \$200 Radiology \$200 Vaccines, other preventive \$40 Total \$7540	Sample care costs: Prescriptions \$2900 Medical Equipment & Supplies \$1300 Office Visits and Procedures \$700 Education \$300 Laboratory tests \$100 Vaccines, other preventive \$100 Total \$5400
Patient pays: Deductibles \$325 Co-pays \$30 Co-insurance \$1450 Limits or exclusions \$150 Total \$1955	Patient pays: Deductibles \$325 Co-pays \$0 Co-insurance \$1020 Limits or exclusions \$80 Total \$1425

Questions: Call 1-509-376-6962 or visit us at www.myuhc.com. If you aren't clear about any of the terms used in this form, see the Glossary. You can view the Glossary at <http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> or call the number above to request a copy.

Hanford Employee Welfare Trust

Coverage Period: 01/01/2013-12/31/2013

Summary of Coverage: What This Plan Covers & What it Costs

Coverage for: Employee/Family

Plan Type: UHC PPO

Questions and answers about Coverage Examples:

<p>What are some of the assumptions behind the Coverage Examples?</p> <ul style="list-style-type: none"> Costs don't include premiums. Sample care costs are based on national averages supplied to the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan. The patient's condition was not an excluded or preexisting condition. All services and treatments started and ended in the same coverage period. There are no other medical expenses for any member covered under this plan. Out-of-pocket expenses are based only on treating the condition in the example. The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher. 	<p>What does a Coverage Example show?</p> <p>For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.</p> <p>Does the Coverage Example predict my own care needs?</p> <p>✗ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.</p> <p>Does the Coverage Example predict my future expenses?</p> <p>✗ No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.</p>	<p>Can I use Coverage Examples to compare plans?</p> <p>✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides</p> <p>Are there other costs I should consider when comparing plans?</p> <p>✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.</p>
--	---	--

Questions: Call 1-509-376-6962 or visit us at www.myuhc.com. If you aren't clear about any of the terms used in this form, see the Glossary. You can view the Glossary at <http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf> or call the number above to request a copy.